



RETURN THIS REFERENCE TO:
The Barton Center for Diabetes Education, Inc.
Summer Camp Application
30 Ennis Road, P.O. Box 356, North Oxford, MA 01537
Tel: (508) 987-2056 FAX: (508) 987-2002
www.bartoncenter.org

2014 SUMMER STAFF REFERENCE FORM

Applicant's Name: _____ **Position Applying For:** _____

The Barton Center provides 8 weeks of resident camp, day camp, and adventure programs for children with diabetes. The above person has applied for a summer staff position. Please help us by taking a few moments to fill out the following information.

How long have you known this applicant? ____ In what capacity? _____

If the applicant was employed by you, is she/he eligible for re-hire? YES / NO

Why? _____

On a scale from 1 to 5 (1=poor, 5=superior) please rate the applicant in the following areas and add additional comments where they apply:

Judgment ____ Comments: _____

Creativity ____ Comments: _____

Role Modeling ____ Comments: _____

Dependability ____ Comments: _____

Enthusiasm ____ Comments: _____

Self Confidence ____ Comments: _____

Initiative ____ Comments: _____

Responsibility ____ Comments: _____

Flexibility ____ Comments: _____

Common Sense ____ Comments: _____

Communication ____ Comments: _____

Attitude ____ Comments: _____

If you were sending your child to camp, would you feel comfortable leaving your child in the care of this person? Yes No

Please comment on the applicant's strengths which may benefit his/her work in a camp environment.

Please comment on the applicant's weaknesses which may hinder his/her work in a camp environment.

Please provide us with additional comments on this applicant (Personality, Emotions, Social Skills)

Signed: _____ Name (print): _____

Address: _____

Telephone: _____ E-mail: _____

May we contact you for further information? YES / NO

THANK YOU!!